

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

163-034586

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

2589

STATE FILE NUMBER

FILED SEP 4 1963

1. PLACE OF DEATH

a. COUNTY ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN JEFFERSON BARRACKS, MO

Length of stay in 1b  
23 DAYS

c. FULL NAME OF (If not deceased, give name of)  
HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION  
HOSPITAL

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO.

b. COUNTY ST. LOUIS

c. CITY OR TOWN MEHLVILLE

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
2892 YAEGER

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First WILLIAM

Middle

Last REIFEISS

4. DATE OF DEATH

Month 8

Day 10

Year 63

5. SEX MALE

6. COLOR OR RACE WHITE

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 9-13-95

9. AGE (last birthday) 67 YRS

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

ENGINEER

10b. KIND OF BUSINESS OR INDUSTRY

US GOVERNMENT

11. BIRTHPLACE (City and state or country)

ST. LOUIS, MO

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

HENRY REIFEISS

13b. MOTHER'S MAIDEN NAME

ANNA KOMMER

14. NAME OF HUSBAND OR WIFE

MARIE REIFEISS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, never unknown) (If yes, give year or dates of)

YES

WWI

16. SOCIAL SECURITY NO.

17. Informant Next of kin

Address

MEHLVILLE MO.

MRS MARIE REIFEISS, 2892 YAEGER,

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

BRONCHOPNEUMONIA

IMMEDIATE CAUSE (a)

ACUTE CEREBRAL VASCULA INSUFFICIENCY

LONG STANDING

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

TABES DORSALIS

LONG STANDING

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-17-63 to 8-10-63  
Death occurred at 12:10 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

CLIFFORD R. GILPIN, M.D.

22b. ADDRESS

VAH JEFFERSON BARRACKS, MO.

22c. DATE SIGNED

8-10-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL AUG-19-1963 NATIONAL Cem.

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Fey Funeral Home, MEHLVILLE, MO 8-16-63

John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

1 4000

2 4000

3

4 0

5 1

6

7 0

8 2

9 024X

10

11

12 48-0

13

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Herbert G. Gann Jr.*

Licensed Embalmer No. 4800

P. O. Address

Kiskadee 22 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.